

COLLIN COUNTY
PERSONNEL ACTION FORM

NAME: GARZA LARRY			DATE: 4-20-89
LAST	FIRST	MIDDLE	DEPARTMENT: Jail
SOCIAL SEC. NO.: 463-17-0237			

EMPLOYMENT	Employment Date: 3-25-89	Job Title: Jailer (S2/A)	SALARY: \$1442.00
Previously Employed:	Original Employment Date:	Separation Date:	Supervisor:
ELIGIBILITY DATES: (For Office Use Only)		Vacation Days:	Sick Leave: Insurance: Self Dependents (Medical)

Salary and/or title change	Current Job Title: Jailer	Current Salary: \$1442.00	Range: S2	Step: A
	New Job Title: Jailer	New Salary: \$1514.00	Range: S2	Step: B2
Reason: <input type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceptional Merit				

TRANSFER	FROM:	TO:	SICK LEAVE	Dates of Sick Leave:
LEAVE OF ABSENCE <i>Give Reason</i>	FROM:	TO:		Previous Days Sick Leave Taken This Year:
RETURN	DATE:	<input type="checkbox"/> Ins. Notified		Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No

VACATION	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
SEPARATION	Employment Date	Last Day Worked	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
Vac. Pay No. Hrs.	Amt. Paid	Comp. Pay No. Hrs.	Amt. Paid	

<input type="checkbox"/> Voluntary Retirement	<input type="checkbox"/> Return To School	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Mandatory Retirement. Co. Policy	<input type="checkbox"/> Family Problems	<input type="checkbox"/> Reporting Under Influence of Alcohol
<input type="checkbox"/> Death	<input type="checkbox"/> Resignation For Other Reasons	<input type="checkbox"/> Drinking On Duty
<input type="checkbox"/> Illness or Injury	<input type="checkbox"/> Reduction In Force	<input type="checkbox"/> Destruction or Removal Of Co. Property
<input type="checkbox"/> Leaving Area	<input type="checkbox"/> Habitually Absent or Tardy	<input type="checkbox"/> Falsification of County Records
<input type="checkbox"/> Accept Other Job	<input type="checkbox"/> Unreported Absence	<input type="checkbox"/> Misconduct
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Leaving Work Without Permission	<input type="checkbox"/> Other (Explain in comments)
How Many Days Advance Notice Given? <input type="text"/>		

COMMENTS: Correction to Court Order #89-212-03-27.

Dated this 24th day of April, 1989

EFFECTIVE DATE: 3-25-89

Walter J. Keenan
COUNTY JUDGE

DATE: 4-20-89
EMPLOYEE (IF APPLICABLE):
DATE: *Robert Lindberg*
DEPARTMENT HEAD:
DATE: _____
PERSONNEL DIRECTOR: